_		ET	iective C	EDETERN October 1, 20	003	TION RE	COI	RD	1	Va5	7	103		
		CLAIMS		ED - PART				SMAI				-		2.
TOTAL CLAIMS			(Co	(Column 1)		(Column 2)		TYPE				OR S	MAL	ER THA L ENTI
h	FOR			NUMBER FILED				RA		FEE		_	RATE	
1	OTAL CHARG	EABLE CLAIM				NUMBER EXTRA		BASIC	FEE	385.0	0	OR BA	SIC FE	E 770
	INDEPENDENT CLAIMS			minus 20=		*		X\$:	9=			OR X	\$18=	
MULTIPLE DEPENDENT CLAIM P			1 PRESENT	minus 3 =				X43	= .		٦,	X I RC	86=	1-
-	·							+145=						
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			-∤			
		CLAIMS AS		ED - PART	11 -		•	1017	`` L		10		TAL	
AMENDMENTA]	(Column 1 CLAIMS		(Colum	n 2)	(Column 3	3)	SMAI	L EN	TITY	0	R,SM	IALL	THAN ENTITY
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alula						. ,		+145≐ TOT/			OF	· L		
7	[11[0]	(Column 1)		(Column 2) (Column 3)				ADDIT, FE	Ē 		OR	ADDIT.	FEE	·
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l	TING! PHESE	NTATION OF M	ULTIPLE D	EPENDENT CL	AIM		-	A40=	 		OR-	X86	=	
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Ī		CLAIMS REMAINING	T	(Column :	1	Column 3)		i	·		_		•	
ļ.	Sed-of	AFTER AMENDMENT		PREVIOUSI PAID FOR	Y	PRESENT EXTRA		RATE	ADI TION FE	AL		RATI	= 7	ADDI- TONAL FEE
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FU f H	entry in column	n 1 is less than the	entry in colu	ımn 2, write "0" k	ı colun	nn 3.	L	145=		0	R	+290=		•
ft	he Highest Num	her Previously Pal	a Lot 114 141	IS SPACE IS less	than 2	0, enter *20,*	ADI	TOTAL DIT. FEE			RA	TOTA DDIT: FE		
	G. I WE TANKING	er Previously Paid	ror (lotal o	r independent) is	the his	hest number f	ound	In the app	ropriate	box in	colu	mņ 1.	,	